

See Instructions and *Privacy
Statement on Reverse Side

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (attach receipts/vouchers when required) All airfare paid by employee at her own private expense. 2/3: Meeting w/William Tamayo re EEOC-DFEH; Mtg re FHPA Practice Guide; toll \$4 2/5: Meeting w/Assemblymember Feuer & Prof. Blasi 2/23: Meeting at Agency 2/24-25: Presentations at Klein Denatale Goldner - Why DFEH is the canary.. for civil rights 2/26: L.A. District Office visit and meeting with Deputy Director, Housing		(12) NORMAL WORK HOURS 0800-1700 (13) PRIVATE VEHICLE LICENSE NBR. 6ATW241 (14) MILEAGE RATE CLAIMED .5	
(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.		AGENCY ACCOUNTING OFFICE USE ONLY PAID BY REVOLVING FUND CHECK NBR.	
CLAIMANT'S SIGNATURE <input checked="" type="checkbox"/> [Redacted Signature]	DATE 4/8/10	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT <input checked="" type="checkbox"/> [Redacted Signature]	DATE 4/20/10
17.) SPECIAL EXPENSE AUTHORIZATION-SIGNATURE and TITLE (See Item 17 on reverse) ✓ <input checked="" type="checkbox"/> [Redacted Signature]			DATE [Redacted Date]